Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 241-0560
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR PHARMACY ADDITIONAL LOCATION CONTROLLED SUBSTANCE LICENSE

Authority: 1978 PA 368

PLEASE NOTE: A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. This application is only for a retail pharmacy operating an automated device in a nursing home as defined per MCL 333.20109.

Provide the following information which appears on your primary Pharmacy license.

Business Name:	10-Digit MI Permanent ID/License Number:			Expiration Date:
Primary Street Address:	Ste #:	City:	State:	Zip Code:
Telephone Number:	Email Address:			

Have any sanctions been imposed against you by a similar licensure, registration, certification, or disciplinary board of another state or country you have not previously reported to the Department?

☐ Yes ☐ No

CHECK THE LICENSE/OBTAINED BY METHOD	FOR OFFICE USE ONLY	
The appropriate fee due is based on the expiration date of your current pharmacy license.	License Number:	Issue Date:
Pharmacy license expires within: Fee Due ☐ 0-12 months $85.00 5315-013757 ☐ 13-24 months $160.00 5315-023757 ☐ 25-36 months $235.00 5315-033757		
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN, must accompany this request. DO NOT SEND CASH. Fees are non-refundable.		

Provide the following information for the additional location.

Business Name:				
Street Address:	Ste #:	City:	State:	Zip Code:
Telephone Number:	Email Address:			

CERTIFICATION AND SIGNATURE

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

_____ _____

Signature Date

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.